

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9251  
Registrar's No. 2734

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County. \_\_\_\_\_  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
812 Goodfellow  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 47 years  
(Specify whether  
In this community. 47 years  
years, months or days)

8. (a) PRINT FULL NAME Lena Shapiro

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife. Elias Shapiro 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. April 15, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 7 hr. \_\_\_\_\_ min.

9. Birthplace Wilno Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name. Fallek Ber Bierman  
13. Birthplace Wilno Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Watkin  
15. Birthplace Wilno Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Shapiro

(b) Address 812 Goodfellow

17. (a) Burial (b) Date thereof 3/24/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. (a) MAR 24 1940 (b) J.D. Bader  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 812 Goodfellow ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 47 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1940 hour 10 minute - P. M.

21. I hereby certify that I attended the deceased from May 1st, 1939, to March 22, 1940  
that I last saw her alive on March 22, 1940  
and that death occurred on the date and hour stated above  
Immediate cause of death Diabetes Mellitus  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J.H.G. Grosby (M. D. or other) \_\_\_\_\_  
Address 6033 Pershing Av. Date signed 3/22/40

STATEMENT BY LICENSED EMBALMER

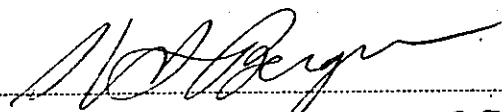
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H. I. BERGER

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address 4715 Mc Pherson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.